

## FULL FACILITY PROFILE

POTOMAC HEALTHCARE AT ALTA LLC  
4035 S 500 E  
SALT LAKE CITY UT 84107  
STATE'S REGION CODE: 001

PROVIDER #: 465100 P  
PHONE NUMBER: (801) 262-9181  
PARTICIPATION DATE: 08/01/1985

FACILITY BEDS  
TOTAL: 99  
CERTIFIED: 99

TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 03/20/2001		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 99			
TOTAL:	74	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	3	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	65		21		78		
OTHER:	6						

SURVEY DATES FROM: 03/13/2001 TO: 03/19/2001  
EXTENDED SURVEY DATES FROM: 03/20/2001 TO: 03/20/2001  
DATE PROVIDER SIGNED POC: 04/24/2001  
REVISIT DATES: 06/18/2001

## PROGRAM REQUIREMENTS

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
F	F0253	HOUSEKEEPING & MAINTENANCE SERVICES	09/01/2001	PLAN OF CORRECTION	3	9.0	26	22.6	1317	20.6
D	F0309	PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING	05/20/2001	DEFICIENCY CORRECTED	10	30.3	37	32.1	1692	26.5
D	F0318	RANGE OF MOTION TREATMENT & SERVICES	04/30/2001	DEFICIENCY CORRECTED	2	6.0	19	16.5	660	10.3
D	F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	04/30/2001	DEFICIENCY CORRECTED	3	9.0	23	20.0	897	14.0
E	F0371	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS	05/01/2001	DEFICIENCY CORRECTED	19	57.5	35	30.4	2165	33.9
F	F0490	FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST	09/01/2001	PLAN OF CORRECTION	2	6.0	2	1.7	172	2.6
D	F0514	CLINICAL RECORDS MEET PROFESSIONAL STANDARDS	04/10/2001	DEFICIENCY CORRECTED	8	24.2	11	9.5	908	14.2
F	F0521	QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLA	09/01/2001	PLAN OF CORRECTION	3	9.0	6	5.2	161	2.5

## BUILDING CHARACTERISTICS

BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
01	BUILDING	85 EXIST	FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE POC

SURVEY DATES FROM: 03/13/2001 TO: 03/19/2001  
EXTENDED SURVEY DATES FROM: 03/20/2001 TO: 03/20/2001  
DATE PROVIDER SIGNED POC: 03/13/2001  
REVISIT DATES: 04/17/2001

## LSC DEFICIENCIES

BUILDING NUM	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
01	K0046	EMERGENCY LIGHTING	04/10/2001	DEFICIENCY CORRECTED	7	21.2	12	10.4	471	7.3
01	K0050	FIRE DRILLS	03/31/2001	PLAN OF CORRECTION	11	33.3	18	15.6	695	10.8
01	K0056	AUTOMATIC SPRINKLER SYSTEM		FSFS	9	27.2	21	18.2	641	10.0
01	K0061	MAIN SPRINKLER CONTROL	04/10/2001	DEFICIENCY CORRECTED	2	6.0	3	2.6	185	2.9
01	K0062	SPRINKLER SYSTEM MAINTENANCE	04/10/2001	DEFICIENCY CORRECTED	11	33.3	18	15.6	966	15.1
01	K0130	OTHER	02/26/2001	DEFICIENCY CORRECTED	29	87.8	43	37.3	1103	17.2

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
		STATE	REGION	NATION
CONDITION/LEVEL A	0	0.00	0.00	00.00
REQUIREMENT	8	5.24	5.84	07.34
HEALTH TOTAL	8	5.24	5.84	07.34
LIFE SAFETY CODE	6	3.81	3.04	02.79
LIFE SAFETY CODE + HEALTH	14	9.06	8.88	10.13